The Indiana Family and Social Services Administration

First Steps Updates

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First Steps Director

Agency Agreement Updates

- Summer 2014 – Agencies began the process of updating their provider agreements with First Steps

- Fall 2014 – Agency Agreements have been received and processed

- Letters – Agencies will receive a letter (if they haven't already) from program staff with confirmation

Agency Agreement Updates

- Letters provide the following information:
  - if there are any remaining, outstanding items the State or CRO still needs from your agency
  - If there appeared to be fewer than 10 providers in one or more service areas for your agency (this did not impact anyone's update status)
  - Questions regarding your letter can be directed to state staff directly (Cathy.Robinson@fssa.in.gov or Laci.Bovard@fssa.in.gov)

Training Changes

- In evaluating the current training system, and the program's infrastructure, the need for a modified training approach was identified

- The State has notified SPOEs and agencies of the end of the current training system contract and available trainings through December of 2014.

- The November Training Times will also include a training update section.

Training Changes

- **2015 is expected to be a training transition year**

  - First Steps will embark on an informal needs assessment and gather feedback from provider agencies and SPOEs on local training needs

  - State program staff will give specific instructions on credentialing in 2015 and any required trainings in the coming months.

Fall 2014 Quality Review Visits

- Each year, the First Steps Quality Review team completes local quality review activities at each System Point of Entry (SPOEs)

- This year's visits are being finalized this week, and the data derived from these activities will be reported in the state's FFY16 APR.

- These visits serve to identify any 'noncompliance' or targeted areas for improvement for the coming year.

2014 Quality Review Highlights

- A variety of participants!
- Identified QUALITY measures to evaluate (second year)
- Changes in data trends due to SPOE restructuring
- Post visit survey for feedback and future planning
- Increased local capacity for future quality review activities

The Indiana Family and Social Services Administration

Bureau of Quality Improvement Services (BQIS)

Anne Davis

Director

Bureau of Quality Improvement Services

- **Categories of Work** (reprise)

- **Update on key activities**

  ➢ Complaints

  ➢ Mortality Review Committee

  ➢ Provider Re-approval Process

BQIS – Categories of Work (reprise)

Quality Providers

- Provider Enrollment
- Provider Re-approval Process
- Accreditation
- CERT Process

Monitoring

- Historic BQIS activity
- Includes Incidents and Complaints
- Mortality Review
- Verification of Correction

Data Analysis

- Data Sources
  - *IRs, Complaints, CERTS, etc.*
- Trend Analysis
  - *By provider, service, ALGO, etc.*

Technical Assistance

- Process
  - *How to. . .*
- Quality Outcomes
  - *How to know if. . .?*

Update: Complaint Process

Shift from narrative to findings of fact

- **Narratives**
  - ✓ Tell a story
  - ✓ Work best when linear progression
- **Findings of fact**
  - ✓ Add clarity and specificity (eliminates concern about "flow" of narrative)
  - ✓ Draw a bright line between an allegation and facts that either support or do not support the allegation

Update: Complaint Process

Address Potentially Systemic Issues in Corrective Action Plan (CAP)

- **CAP Activity to Identify Systemic Issues**
  - ✓ Activity provided to identify if issue is systemic
  - ✓ Providers have option to create comparable activity
  - ✓ Providers then correct any systemic issues
- **Creates a "Win-Win"**

  Corrected systemic issues means:
  - ✓ Fewer complaints for provider
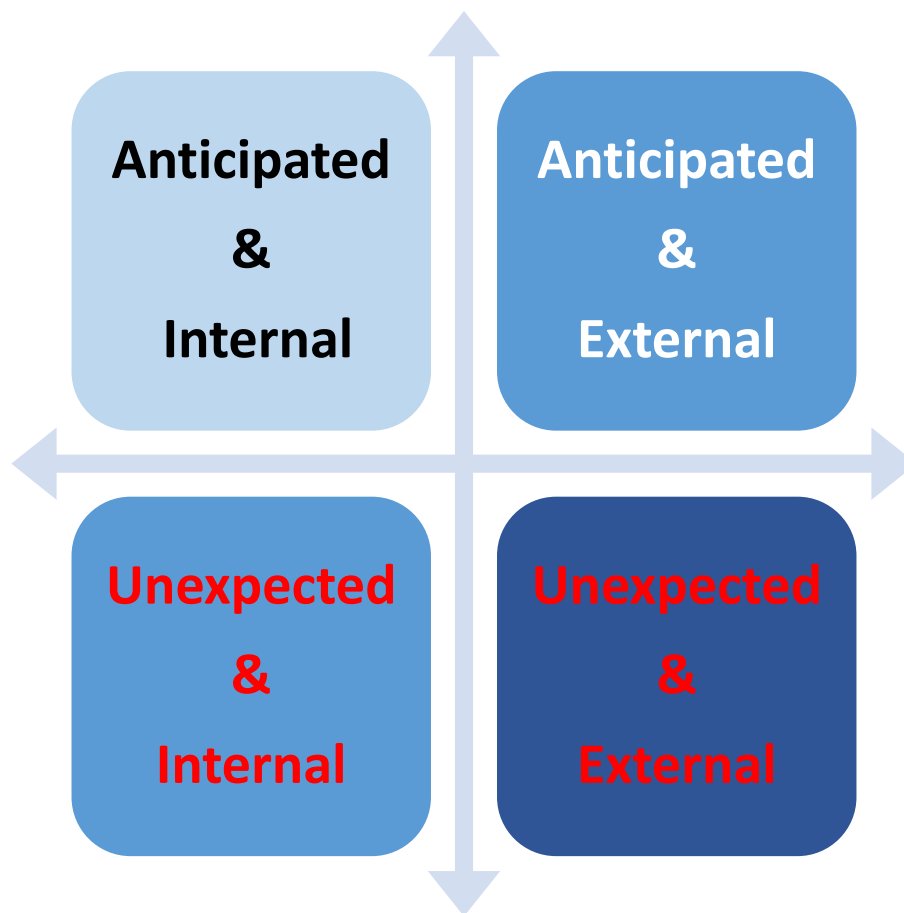 - ✓ Better outcomes for consumers

Update: Mortality Review Committee

- **Mortality Review Triage Team**

- **Mortality Review Committee Work Flow**

- **Resources and Supports**

Update: Mortality Review Committee

Anticipated & Internal | Anticipated & External | Unexpected & Internal | Unexpected & External

Mortality Review Triage Classification

Update: Mortality Review Committee

Mortality Review Committee Work Flow

- Agenda distributed at beginning of the month
- MRC members have about two weeks to review focus cases and make comments
- Life Cycle Specialist compiles comments, looking for trends/patterns
- MRC committee discusses trends/patterns during MRC meeting , held last Thursday of each month

Update: Mortality Review Committee

Resources and Supports

- Developing a plan to review current website resources, asking are the resources:
    - ✓ Current?
    - ✓ Best practice?
- Identifying ways to research (and then share) available documents, resources, materials, etc. that providers and teams may find useful

Update: Provider Re-Approval Process

- **Current Challenges**

- **Big Picture**

- **Intended Outcome**

Update: Provider Re-Approval Process

Current Challenges

- **Quality takes time**
  - ✓ Shifting from 10 days to submit packet to 30 days
  - ✓ Shifting from 2 days to submit an addendum to 10 days
- **Quality requires clarity**
  - ✓ Adding systems level questions (IR system, medication, etc.)

Update: Provider Re-Approval Process

Big Picture: Revamp needed to ensure

- Clear process

- Well articulated

- Meaningful data review

- Improved outcomes for consumers

Update: Provider Re-Approval Process

Intended Outcome: Provider Re-Approval Toolkit

- Step-by-step instructions and guidance regarding overall re-approval process

- Data analysis guidance

- Tools to assist with all aspects of the re-approval process

- Outline evaluation methodology and rubric for determining length of provider re-approval

BQIS: The Goal Remains

Best in class

Best practice

The Indiana Family and Social Services Administration

Bureau of Rehabilitation Services (BRS)

Kylee Hope

Exciting New VR Campaign

#Work4LifeIN

Indiana Vocational Rehabilitation

Indiana
A State that Works

@IndianaVR

- *Educate*
- *Inform*
- *Talk About It*
- *Share & Showcase Events*
- *Foster Partnerships*
- *Be Present*
- *Engage in "Communities"*

New Process for Employment Providers

- Notice of Process Change was provided on October 10, 2014.

- Current Community Rehabilitation Providers' (CRP) contracts will end June 30, 2015.

- Written agreements will take effect on July 1, 2015.

- Note: CRPs with a currently activated POSA may continue to provide services outlined through June 30, 2015.

Why the change?

- BRS needs a transparent process for becoming a CRP.

- Process will assist BRS in obtaining critical business and service information.

- Information will assist in informing VR staff, consumers, and other stakeholders a more thorough understanding of specific services provided and coverage area of each CRP.

- The new process should ease enrollment for existing and new providers.

New Process for Employment Providers

- In the future, an interested provider will be required to submit an application for review and approval.

- The application with notice of important dates and deadlines will be available early December.

- Submission of a completed application packet will be a requirement for both current and potentially new CRPs.

- A provider agreement will be executed and a CRP may provide services as outlined in the approved provider application and agreement.

- An amendment process will be required any time an existing CRP is expanding services and/or coverage areas.

VR Field Evolution

- VR is in the process of adding 53 new VR Case Coordinators (VRCC).

- VRCC field additions will be completed by mid-December.

- Assist in VR's evolution from a "system-centric" process to a more "consumer-centric" process.

- Nurse → Doctor Relationship / VRCC → VRC

VR Rate Reform for Employment Services

- Public Comment Period Ends Today, November 7th.

- New proposed model results in significant systems change with respect to employment services.

- Extensive training will be necessary for successful implementation prior to July 1, 2015.

- Thank You to the Rate Reform Workgroup for their time and dedication to this project!

- Encourage all to review webinar and public comment document for a more thorough understanding.

  - The following is a high level overview. . .

What should be accomplished with Rate Reform?

- System should be <u>responsive to all</u>, including individuals with high support needs as well as consumers with minimal support needs.

- A refocus on <u>discovery</u>, especially for individuals with minimal/no prior work experience.

- System should ensure that individuals with the most significant disabilities have access to adequate <u>ongoing support services.</u>

- Individuals should reach <u>stabilization</u>, or their highest level of independence, prior to VR case closure.

- Retain a system that <u>focuses on outcomes</u>, but also recognizes quality and individualization.

- Retain a system that is <u>not difficult to administer.</u>

- Aim to improve the <u>consumer experience.</u>

Rate Reform Strategies

Recommendations of the workgroup included:

- Elimination of 2 separate RBF Tiers - have 1 'tier'

- Milestone payment rates should recognize that most of the work is done before 90 days/closure

- Ensure consumers can access additional supports (outside of RBF) including discovery and ongoing support services

- Re-name/re-define milestones to better reflect the activities that ought to be occurring, i.e. final milestone is 'retention' v. 'closure'

Rate Reform Strategies

Additional strategies include:

- Maintain 3 <u>core milestones</u> that are consistent for all, regardless of support needs (placement, short-term retention, and longer-term retention)

- <u>Fund discovery and ongoing support services</u> outside of, and in addition to, RBF

- Implement an <u>ongoing support and fading plan</u> for consumers receiving Supported Employment

- <u>Re-engage the VRC</u> in the employment services process, encouraging a team approach vs. a 'handoff'

- <u>Reduce financial incentive</u> to quickly reach '<u>stabilization</u>' and closure

New Approach

1. Start with <u>Discovery</u> – then a determination as to whether the individual is ready to begin job development.

    YES ⟹ referral to RBF

    NO ⟹ what additional discovery is necessary?

2. Referral to <u>RBF</u> (includes 3 Milestones)

3. Individual obtains <u>employment</u> in line with IPE goals (5th day & 30-day employment milestones are paid).

4. After placement, <u>ongoing support services</u> are provided by VR if needed (primarily for individuals in supported employment, but available to all who need this support).

5. <u>Stabilization</u> is achieved (the point in time where the consumer has reached their highest level of independence on the job).

6. VR case remains open at least <u>90 days</u> after stabilization (retention milestone is paid), followed by <u>case closure</u>.

New Approach

- To reiterate, discovery and ongoing support services are to be funded separate from, and in addition to RBF.

- Discovery could include a wide range of services such as community based evaluations (CBEs), job trials, work experience, job readiness, social skills training, etc.

- RBF no longer has two separate tiers – one model with 3 milestone payments:

  - Placement (5 days employed)
  - Short-term retention (30 days employed)
  - Retention (90-days employed/90 days after stabilization)

- Supported Employment services (ongoing supports) may be funded by VR for up to 18 months to achieve stabilization and retention for individuals with the most significant disability.

Rates

Discovery

- Activities and costs will vary based on individual need
- Reviewed 4 actual case studies (selected by workgroup) for individuals in supported employment; estimated discovery costs = $1000-$2400
- Costs could be less or greater, based on individual need

RBF – 3 milestones

- Milestone 1 Placement (5 days)   = $1300
- Milestone 2 Short-Term Retention (30 days) = $1500
- Milestone 3 Retention (90 days post stable) = $1300

Total RBF = $4100

Supported Employment Services

- Monthly rate based on number of SE hours – see next slide
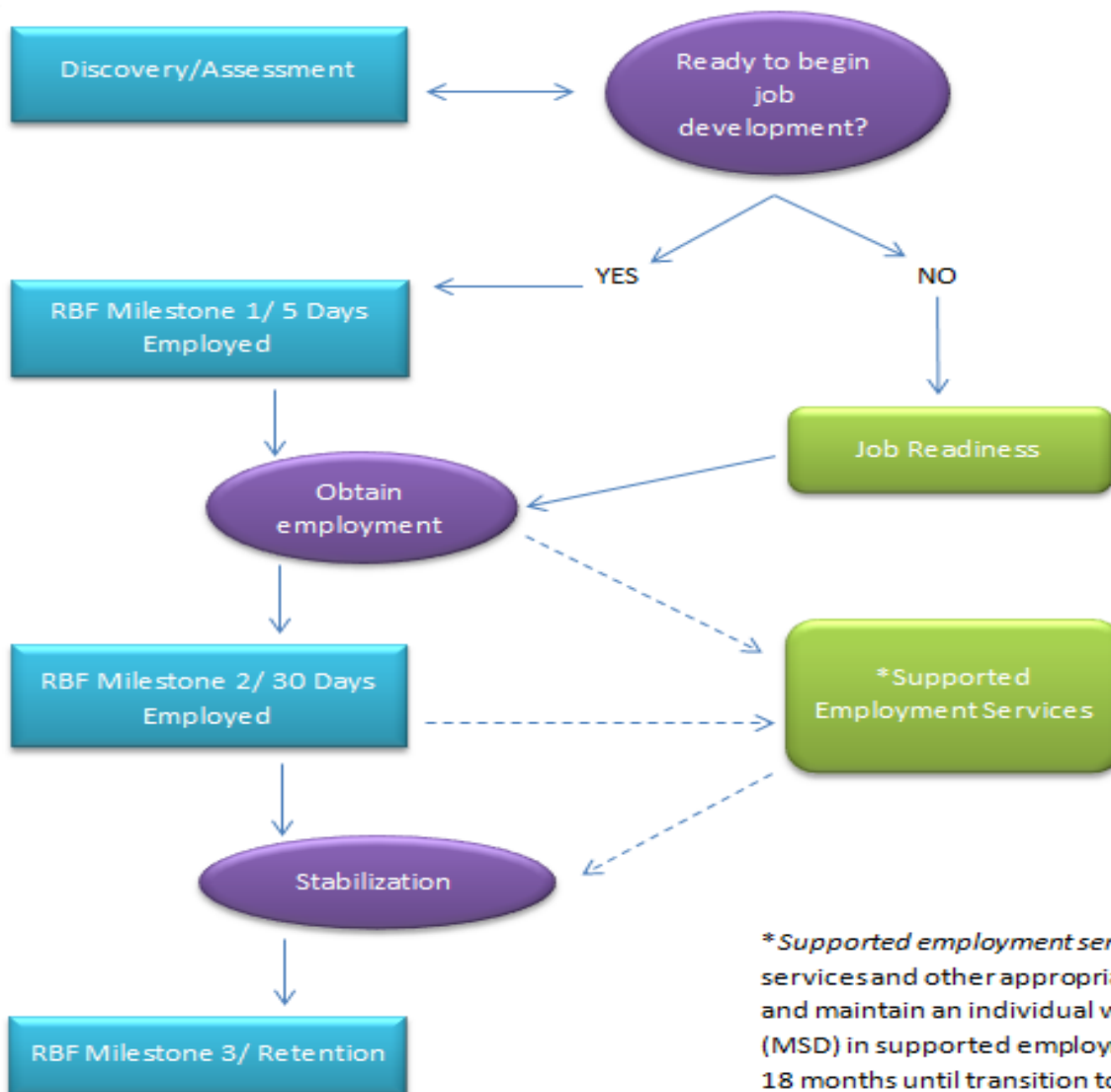- Reviewed 4 case studies; range = $1700-$3600 (over 3-9 months)

Rates

The Rates for <u>Supported Employment Services</u> are built off of the BDDS rates for SEFA, and are as follows:

SE hours per month	Rate
1-5	$176
6-10	$352
11-15	$528
16-20	$720
21-25	$920
26+	$1040

Employment Services Flow Chart

Discovery/Assessment

Ready to begin job development?

YES

NO

RBF Milestone 1/ 5 Days Employed

Obtain employment

Job Readiness

RBF Milestone 2/ 30 Days Employed

*Supported Employment Services

Stabilization

RBF Milestone 3/ Retention

*Supported employment services includes ongoing support services and other appropriate services needed to support and maintain an individual with a most significant disability (MSD) in supported employment; funded by VRS for up to 18 months until transition to extended services.

The Indiana Family and Social Services Administration

Bureau Of Developmental Disabilities Services (BDDS)

Julie Reynolds

BDDS Update

- Family Supports Waiver (FSW) Targeting
- Money Follows the Person (MFP)
- OBRA Review
- Family Supports Waiver Five Year Renewal
- Community Habilitation and Supports Waiver (CIHW) Amendments
- Home and Community Based Settings
- Transition Plans – FSW and CIHW
- FSSA is currently not participating in the Balancing Incentives Program (BIP)

FSW Targeting

- Current Number of Individuals on the Waiting List: 3,249

- Targeting 300 people per month on the 15th of every month

- Average Age of Individuals on the List: 18.5 Years

- Over the past three months an average of 135 people per month were added to the waiting list

Money Follows the Person

- Initiative with the Division of Aging
- BDDS Goal – Utilize MFP funding for those transitioning from Institutional Settings
- Individuals will have to meet both BDDS and MFP Requirements
- One Case Management Company selected through RFP Process with the Division of Aging

OBRA Review

Provide a comprehensive plan to research and analyze the current OBRA system – Complete

Conduct focus groups and provide analysis of results – Complete

Conduct onsite reviews of current service delivery locations in collaboration with OBRA providers – Complete

Develop and present a final report which will identify short and long term strategies and recommendations for improvement in the OBRA system – In Process

Provide ongoing technical assistance

Family Supports Waiver Five Year Renewal

- Currently Posted for Public Comment
- Comments will be accepted through December 7, 2014
- Due to CMS December 31, 2014
- Notable Changes:
  - Extended Services
  - PAC, Music and Recreational can be billed in a group setting

Extended Services Service Definition

- New Service Definition Under Both Waivers – "replacing" SEFA
- Supported Employment Follow Along will Continue to be a Function of Vocational Rehabilitation
- Clear Path from VR Services to BDDS Extended Services
- Extended Services are ongoing employment support services which enable an individual to maintain integrated competitive employment in a community setting.   Individuals must be employed in a community-based, competitive job that pays at or above minimum wage in order to access this service.

CIH Waiver Amendments

- CIH Waiver opened for amendments with the Comprehensive Transition Plan
- Additional Changes will be Posted for Public Comment by November 14, 2014
- Comments will be accepted through December 14, 2014
- Due to CMS December 31, 2014
- Notable Changes:
  - Extended Services
  - Residential Habilitation Services Daily Rate

Residential Habilitation Services Daily Rate

- Work Group including providers and DDRS staff have been meeting to develop an RHS Daily Rate

- Eligible Individuals:
  - Those with ALGO Scores of 3, 4 or 5
  - Those who are living with housemates and utilizing shared staffing
  - Those who live outside the family home

- Funding Model is Based on a Daily Rate Rather than an Hourly Rate

- Limitation on the Number of CHIO Hours Provided by RHS Provider

- Budget Modification Requests (BMR) will not be considered/approved for loss of housemate

- The Annual DAYS Allocation of the OBA Will Change

- Electronic Monitoring is included in the RHS Daily Rate

Home & Community-Based Settings

Overview

- Standards for HCBS Settings

- The State's transition process

- Stakeholder involvement

- Public Comment

- Questions

Questions For You

- How can DDRS elicit further public comment?

- Do you have ideas on how DDRS can improve the assessment process?

- Is there other information DDRS could utilize to assess HCBS?

- What do you think would be the best way to assess individual settings that may appear to be non-compliant?

HCBS Settings
It's all about the person's experience.

- **Participation in the Community**
  - Setting must support full access to the community
- **Choice**
  - The person must be able to choose the setting from all options available
- **Rights**
  - The person must have the rights to privacy, dignity, respect and freedom from coercion and restraint
- **Independence**
  - Setting must maximize the person's ability to make life choices

Participation in the Community

- Is the setting a part of the community so that people can access and use their community?
- CMS expects to see that people in Medicaid HCBS programs have the same chances as everyone else does to be in and use their communities – to find jobs, go to activities in their community, use the library, get a hair cut when and where they want, etc.

Choice

- Is the setting selected by the individual from among setting options, including non-disability specific settings and an option for a private unit in a residential setting?

- This means that the person must be able to choose where they live, not just be 'assigned' to live in a home or setting meant only for people with disabilities.

- Also, this does not mean everyone gets a private unit. This means that if someone wants AND can afford to live alone, they must be given options of settings that include a private unit.

Rights

- The setting must ensure the person has rights of privacy and dignity, and is treated with respect.
    - Is an individual's personal information posted in public and/or common areas?
    - Are people called by their preferred name?
    - The setting must ensure the person will have freedom from coercion and restraint (will not be forced to do things they do not want to do)

Independence

- The setting must support the person to maximum their ability to be independent in making life choices, this includes things like:
  - What I do each day
  - Where I live and how it is decorated
  - Who I hang out with
- The person must be supported to choose the services they need and who provides them

Intention of HCBS Rules

- To ensure that individuals receiving services and supports through Home and Community Based Service (HCBS) programs have full access to benefits of community living and the opportunity to receive services in the most integrated and participatory settings.

- To ensure that settings are integrated in and support the full access of individuals receiving Medicaid HCBS to the greater community. Including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

- To enhance the quality of HCBS and provide protections to participants. Sets federal standards to ensure that Medicaid-funded HCBS are provided in settings that are **not institutional** in nature.

- These standards apply to residential and non-residential services and settings.

Intention of HCBS Rules

- The home and community-based setting requirements establish an outcome oriented definition that focuses on the nature and quality of individual's experiences

- The rules focus on the **experience** of each person receiving services and supports.
  - Are they living the life they want?
  - Can they work?
  - Are they part of their community?

- The goal is to ensure that every person receiving HCBS:
  - Has access to benefits of community living;
  - Has full opportunity to be integrated in their community

Definitions

- Settings that are **not** HCBS

- Settings that are **presumed** not to be HCBS

- Requirements for HCBS settings

- What the State of Indiana must do to comply with the new rules, including changes that are needed to comply with the new rules

What Does Not Meet HCBS?

- Nursing homes
- Hospitals
- Institutions for mental diseases (IMD)
- Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
- When Isolation is likely:
  - In a gated or secured "community"
  - Multiple settings located together and operated by the same provider

What is Presumed not to Meet HCBS

- Settings that have the qualities of an institution (this applies to residential and non-residential services):

  – Facilities or homes located in a public or privately-operated building that provides inpatient institutional treatment

  – Located on the grounds of, or right next to, a public institution

  – Has the effect of **isolating** individuals who receive Medicaid-funded HCBS from the broader community

What Does Meet HCBS?

The Home and Community-Based setting:

- Is integrated in and supports access to the greater community

- Provides opportunities to seek employment and work in competitive integrated settings, engage in community life, and control personal resources

- Ensures that individuals receive services in the community to the same degree of access as individuals not receiving Medicaid home and community-based services

What is Questionable Under HCBS?

- Those settings that are presumed to not be HCBS may **not** be included in states' HCBS programs ***unless***:

- The State submits evidence (including public input) to CMS showing that the setting *does* have the qualities of an HCBS setting and **not** the qualities of an institution;

- CMS agrees the setting meets HCBS setting requirements
  - CMS will require "strong evidence" to prove that a setting in the "presumed" category actually comports with HCBS rules

HCBS Assessment

- Every State must assess its HCBS programs to determine if they comply with the new rule.

- Every State must write a Transition Plan that shows how they will make changes in their HCBS programs and services that are needed in order to comply with the new rule. States renewing or amending a waiver must submit their plan with that waiver renewal application or amendment.

- Every State must get input from consumers, families, providers, advocates and other stakeholders on the plan.

Indiana's Assessment Activities to Date

- National Core Indicators Data Review

- Review of Indiana's Policies, Rules, Regulations, Requirements and Procedures

- Preliminary Setting Assessment Based on HCBS Requirements

- Transition Plans posted for public input

Planned Assessment Activities

- Individual Experience Surveys

- Site Specific Assessments

- Comprehensive Settings Results

- Public Transparency

- Input from providers and individuals/families on what kind of evidence should be required to prove that a setting compliant with HCBS

Post Assessment Remedial Strategies

- Description of Indiana's Remedial Strategies
- Revisions to Indiana Administrative Code
- Revisions to DDRS Waiver Manual
- Revisions to Internal Forms
- Participant Rights and Responsibilities Policy/Procedure Modifications
- Review and Revisions to Provider Enrollment
- Development of a Corrective Action Process and Plan
- Develop Process for Provider Sanctions and Dis-enrollments
- Ongoing Monitoring of Compliance

Public Input

- Public Relations and Education
  - Today's Provider Meeting
  - Family Calls/Webinar
  - DDRS Advisory Council
  - INARF Quarterly Meeting
  - Public Comment Period
- Summary of comments and modifications from public input will be provided to CMS and posted on the DDRS Website

Questions For You

- How can DDRS elicit further public comment?
- Do you have ideas on how DDRS can improve the assessment process?
- Is there other information DDRS could utilize to assess HCBS?
- What do you think would be the best way to assess individual settings that may appear to be non-compliant?

Your Questions

Resources

Transition Plans for FSW and CIHW:
http://www.in.gov/fssa/ddrs/4205.htm

FSSA Statewide Transition Plan:
http://www.in.gov/fssa/files/Indiana_Statewide_Transition_Plan_Final_October_30_2014.pdf

Medicaid HCBS Page:
http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services.html

Regulatory Requirements for Home and Community-Based Settings:
http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Supports/Home-and-Community-Based-Services/Downloads/Requirements-for-Home-and-Community-Settings.pdf